

intend, along with I know a host of other Members, to attend the service for JULIAN on Wednesday in California and to personally offer my sympathy to his family.

So I appreciate the opportunity to say my farewells to a wonderful human being, a great Member, someone who brought great distinction to this House of Representatives.

CONTINUING RESOLUTIONS SPIRALING BEYOND SCOPE OF COMMON SENSE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mrs. MORELLA) is recognized for 5 minutes.

Mrs. MORELLA. Mr. Speaker, I rise to comment on an issue which has simply spiraled completely beyond the scope of common sense. I am referring to the continuing resolution which we just voice-voted, the 20th continuing resolution since the new fiscal year began October 1, 2000.

Today is the 11th of December. For the last 72 days, we have been unable to negotiate and work out individual spending bills for a number of departments and agencies because of policy differences primarily over ergonomics rules and education funding. From time to time, we were led to believe that agreement had been reached on these issues only to be right back right here today, voting on yet another continuing resolution.

I did support the continuing resolution we voted on today. However, Mr. Speaker, I do not plan to support any more continuing resolutions which are used to fund the Departments of Labor, Health and Human Services and Education through next year.

Certainly there are policy differences. There are always policy differences. That is the very foundation of our democratic system. However, these highly partisan protracted delays have serious and far-reaching consequences for millions of innocent victims. I am referring specifically to the millions of Americans who are dependent upon the National Institutes of Health to find new understanding and ultimate treatment of Alzheimer's disease, other brain illnesses, better treatment of spinal cord injuries and greater knowledge of the causes of cancer, heart disease, diabetes, HIV and AIDS, rheumatoid arthritis, and mental illness. Additionally, the human genome project supported by NIH holds the prospect of far-reaching advances in gene therapy to treat many illnesses.

Until this continuing resolution roller coaster started, the budget of the National Institutes of Health seemed about to experience its third consecutive annual increase of 15 percent following a bipartisan path to doubling the budget over 5 years. Under the scenario we are faced with today, despite strong support from both sides of the aisle and approval by a House-Senate conference committee, this increase appears to be under serious threat.

Funding for the National Institutes of Health is included in the Labor, Health and Human Services conference report, H.R. 4577. Without immediate enactment of this bill, funding increases are in peril. This fiscal year 2001 funding bill must move forward. To delay or to roll NIH funding into another continuing resolution would be a loss of an additional \$2.7 billion in medical research and a real setback and a loss of hope to the millions of Americans afflicted with serious diseases. Congress cannot, must not, let progress stall at year 3 on the 5-year plan to double NIH's budget.

Fiscal year 2001 funding is vitally important to allow our Nation's scientists and clinicians to enhance the health of the American people by exploiting the tremendous opportunities offered by the current revolution in biomedical research.

Last year, NIH was able to support 8,900 new research grants at universities across the Nation. Now, with a 15 percent increase, it anticipated supporting up to 9,500 in the current fiscal year. If the budget does not reflect the 15 percent increase and, instead, stays at the level of fiscal year 2000, only 5,000 new grants will be given out. A number of projects will be zero-funded. This could include initiatives in neurodegenerative diseases, including Parkinson's, and clinical trials for new treatments for childhood cancer and diabetes.

Not only would NIH lose its 15 percent increase, the Centers for Disease Control and Prevention would lose a proposed increase of \$886 million. That includes an \$88 million increase for HIV prevention, \$36 million for childhood immunizations, and \$85 million for infectious disease control.

Another negative consequence of extending the current level funding in a continuing resolution is that the Center for Information Technology would be significantly restricted from providing necessary support of the NIH scientific and business communities. For example, the Center for Scientific Review would need to defer all purchases of computers and other equipment necessary to utilize the core data systems for the National Institutes of Health.

If our Nation is to sustain the momentum and continue to translate scientific discovery into better health and an improved quality of life for all Americans, then we just have to continue our commitment to double the NIH budget by 2003. Volatility and dramatic fluctuations in funding can be as harmful to the research community as inadequate growth. We risk wasting the investment that has been made for the past 2 years if scientists do not have those resources. So the bottom line is we cannot freeze the budget of the National Institutes of Health.

IN MEMORY OF THE HONORABLE JULIAN C. DIXON

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from South Carolina (Mr. CLYBURN) is recognized for 60 minutes as the designee of the minority leader.

Mr. CLYBURN. Mr. Speaker, the flags on this building are flying at half mast, recognizing the departure of one of this body's most respected and best loved Members. JULIAN DIXON was a kind of gentleman that engendered the kind of respect that all of us would like to have as Members of this august body. So it was no wonder that, when I arrived here 8 years ago, he was one of the first people that I sought out to sit down with.

I had heard of JULIAN DIXON before coming here. I had read a whole lot about him and was particularly impressed with the fact that, at one of this body's most crucial times, JULIAN DIXON was called upon to chair the Committee on Ethics. It was his performance in that chairmanship that I believe maintained the stability that needed to be maintained in order to get the House of Representatives through that particular juncture.

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He was admired for his work there, but also admired for the work he performed as Chair of the Subcommittee on the District of Columbia of the Committee on Appropriations. That is one of the most difficult positions that one could be in because, as all of us know, the District of Columbia has a problem of taxation without representation. And of course that is a subcommittee of the Committee on Appropriations, and the person who chairs that subcommittee has probably more to say about the well-being or the ways and means of the District of Columbia than any other single person. JULIAN's performance on that subcommittee endeared him to all of the people in the District.

And then, of course, at the time of his death he was serving as the ranking member on the Permanent Select Committee on Intelligence. JULIAN DIXON's performance there had to be admirable because, as all of us know, that is a special committee, one that requires a special kind of person. And of course everyone who knew JULIAN knew that he had within him the capacity to do well as ranking member on that committee. Many of us had looked forward to the day when JULIAN would be chair of that committee. But as the omnipotent and omnipresent being willed it, such would not be the case.

JULIAN DIXON was the former chair of the Congressional Black Caucus. As its current chair, it is with great respect that I requested this time this evening so those members of the Congressional Black Caucus who were not here on Friday, when we received news of his death and of course then entered into a spontaneous special tribute to him, so